

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155735		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2011	
NAME OF PROVIDER OR SUPPLIER ASHFORD PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NORTH RILEY HIGHWAY SHELBYVILLE, IN46176			
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F0000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey Dates: April 26, 27, and 28, 2011.</p> <p>Facility Number: 004268 Provider Number: 155735 AIM Number: 200504460</p> <p>Survey Team: Patti Allen, BSW, T.C. Rhonda Stout, RN (April 27, and 28, 2011) Leia Alley, RN Diane Dierks, RN</p> <p>Census Bed Type: SNF: 12 SNF/NF: 38 Residential: 28 Total: 78</p> <p>Census Payor Type: Medicare: 12 Medicaid: 16 Other: 50 Total: 78</p> <p>Sample: 14 Residential Sample: 07</p> <p>These deficiencies also reflect state</p>			F0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the position of Federal and State Law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the provider's Recertification and State Licensure Survey, concluding on April 28, 2011. Please accept this plan of correction as the provider's credible allegation of compliance effective May 28, 2011. The Provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 5, 2011 by Bev Faulkner, RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure laboratory testing was completed for 2 out of 12 residents reviewed with physician ordered lab tests in a sample of 14. (Residents #34, #7)</p> <p>Findings include:</p> <p>An undated policy, received from the Director of Health Services on 4/28/2011 at 2:15 p.m., titled, "Physician Notification Guidelines," indicated under purpose, "To ensure the resident's physician is aware of all diagnostic testing results or change in condition in a timely manner to evaluate condition for need of provision of appropriate intervention for care."</p> <p>1. Resident #34's record was reviewed on 4/27/2011 at 9:30 a.m.</p>			F0282	<p>#1 Corrective actions accomplished for those residents found to have been affected by the alleged deficient practice: Resident #7 - order received to discontinue complete blood count and basic metabolic profile every Monday, Wednesday and Friday. Resident #34 - Complete blood count with differential and basic metabolic profile was completed on 4/15/2011. #2 Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: An audit will be completed for past 30 days to ensure lab orders were completed as ordered. Any labs noted to have not been completed as ordered, physician will be notified. #3 Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: Licensed nurses will be</p>		05/28/2011

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	<p>Diagnoses for Resident #34 included, but were not limited to bilateral pulmonary emboli, hypertension, anemia, gastroesophageal reflux disease, hyperthyroidism, hyperparathyroidism, and history of left hip fracture.</p> <p>A recapitulated physician's order, dated 4/11/2011, indicated Resident #34 was to have a complete blood count (CBC) with differential and a basic metabolic profile.</p> <p>A change in condition form signed by the Resident #34's primary care physician indicated he had ordered a complete blood count with differential and a basic metabolic profile on 4/11/2011 but it had not been done by 4/13/2011 at 2:14 p.m.</p> <p>Further information was requested from the Director of Health Services RN on 4/28/2011 at 1:15 p.m., in regards to if Resident #34 blood draws not being done on the date ordered. She indicated that the lab draws were over looked.</p> <p>No further information was provided by the facility by exit on 4/28/2011 at 8:30 p.m.</p> <p>2. Resident #7's record was reviewed on 4/28/2011 at 10:25 a.m.</p> <p>Diagnoses for Resident #7 included, but</p>				<p>inserviced on the campus guidelines for Physician Notification. (Exhibit A)#4 How the corrective measure will be monitored to ensure the alleged deficient practice does not recur: The Director of Health Services (DHS) or designee will conduct an audit of 5 residents per week to ensure labs were completed per physician order and physician notification of lab result was documented in the medical record. The audits (Exhibit B) will be conducted for 4 weeks to ensure compliance, then conducted randomly and reported through the campus Quality Assurance Committee.</p>		

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	<p>were not limited to acute renal failure, coronary artery disease, cerebrovascular accident, gastrointestinal bleed, diabetes mellitus, encephalopathy, and anemia.</p> <p>A recapitulated physician's order for Resident #7's at admission on 8/7/2010 indicated she was to have a complete blood count and a basic metabolic profile drawn on every Monday, Wednesday, and Friday. Her lab results were reviewed and there were no results for the complete blood counts and basic metabolic profiles in her chart.</p> <p>Further information was requested from the Director of Health Services RN on 4/28/2011 at 11:30 a.m.</p> <p>On 4/28/2011 at 1:10 p.m., the Director of Health Services RN provided two of Resident #7's lab results for basic metabolic profiles, one was dated 3/7/2011 and the other dated 4/4/2011. She indicated there were no further results to offer.</p> <p>3.1-35(g)(2)</p>						

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F0309 SS=E	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure services were provided to maintain the highest physical well being by following the bowel protocol for 4 out of 12 residents reviewed for bowel management in a sample of 14. (Residents #34, #79, #41, and #18)</p> <p>Findings include:</p> <p>An undated policy, received from the Clinical Support RN on 4/28/2011 at 2:25 p.m., titled, " Guidelines for Residents with Constipation," indicated procedure ... "5. If recorded eliminations indicate resident has not had a bowel movement in three days a nursing assessment should be completed that includes notations regarding bowel sounds, abdominal distention, firmness of abdomen, and tenderness or guarding....7. If facility has standing physician orders for constipation these orders may be followed."</p> <p>1. Resident #34's record was reviewed on 4/27/2011 at 9:30 a.m.</p>			F0309	<p>#1 Corrective actions accomplished for those residents found to have been affected by the alleged deficient practice: Resident #34, #79, #41 and #18 - bowel records were reviewed for last 9 shifts to ensure a bowel movement had been recorded. #2 Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Bowel records for the last 9 shifts will be reviewed. If it is identified that there is a resident who has not had a bowel movement in 9 shifts, the physician will be notified for orders and a elimination circumstance form will be initiated to monitor effectiveness of interventions. #3 Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: Licensed nurses will be inserviced on the campus guideline for Residents with Constipation (Exhibit C). #4 How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The DHS or designee will</p>		05/28/2011

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	<p>Diagnoses for Resident #34 included, but were not limited to bilateral pulmonary emboli, hypertension, anemia, gastroesophageal reflux disease, hyperthyroidism, hyperparathyroidism, and history of left hip fracture.</p> <p>A recapitulated physician's order with the original date of 4/11/2011 stated, "If no bowel movement in 2 days give prune juice and document results, if no bowel movement on the 3rd day give 30 milliliters of Milk of Magnesia and document results, if no bowel movement on 4th day give Dulcolax suppository, 10 milligrams via rectum and document results.</p> <p>A review of the Resident' #34's bowel by shift chart, received 4/27/2011 at 3:00 p.m., from the Director of Health Services RN, indicated the resident did not have a bowel movement on April 21, 22, 23, 24, 25, 26, and 27, 2011.</p> <p>A review of a medication administration record (MAR) for Resident #34 for April 2011 indicated she did not receive prune juice, milk of magnesia or a suppository during the above dates.</p> <p>Further information was requested from the Director of Health Services RN on</p>				<p>conduct an audit of 5 residents per week to ensure residents who have not had a bowel movement in 9 shifts, have an elimination circumstance form initiated, physician notification and interventions documented. The audits (Exhibit D) will be conducted for 4 weeks to ensure compliance, then conducted randomly and reported through the campus Quality Assurance Committee.</p>		

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	<p>4/27/2011 at 8:30 p.m.</p> <p>On 4/28/2011 at 1:15 p.m., the Director of Health Services RN provided Resident #34's bowel by shift chart, indicating the resident had bowel movements on April 25 and 26, 2011. She indicated these were charted late.</p> <p>Further information was requested from the Director of Health Services RN on 4/28/2011 at 1:15 p.m., in regards to if Resident #34 received prune juice on April 24.</p> <p>No further information was provided by the facility by exit on 4/28/2011 at 8:30 p.m.</p> <p>2. Resident # 18's record was reviewed on 4/28/2011</p> <p>Diagnoses include but are not limited to, constipation, arthritis and left side total hip replacement.</p> <p>Bowel elimination records for Resident #18 were reviewed. The records indicated the resident had episodes of constipation (not being able to have a bowel movement) for the following time frames: 3/16/11 to 3/23/11, six days with no bowel movement; 3/23/11 to 3/28/11, four days with no bowel movement; 3/29/11 to</p>						

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	<p>4/2/11, four days with no bowel movement; 4/3/11 to 4/10/11, 7 days with no bowel movement, and 4/11/11 to 4/16/11, four days with no bowel movement.</p> <p>A physician's recapitulated order for April, 2011 indicated Resident #18 is to participate in the facility's bowel protocol program. The program includes a standing order for residents with constipation. The order read if "no bowel movement in 2 days give prune juice, if no bowel movement in 3 days give 30 cc's of milk of magnesia, if no bowel movement on the 4th day 1 Dulcolax 10 mg suppository." There was nothing written on the Medication Administration Record (MAR), nurses notes, or Inter-disciplinary team (IDT) notes, indicating Resident #18's constipation issues were addressed or the standing order for constipation had been followed.</p> <p>An interview was conducted on 4/28/11 at 1:00 p.m., with Clinical Care Coordinator, Employee #3. The clinical care coordinator indicated that this resident takes herself to the restroom. She also indicated that it was the job of a Certified Nurses Assistant (CNA) to ask the resident if she had a bowel movement each day since they are documenting on the resident. Further information was</p>						

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	<p>requested at the time of the interview. No further information was available.</p> <p>3. The clinical record for Resident # 79 was reviewed on 4/28/11 at 9:45 a.m.</p> <p>Diagnoses included, but were not limited to, cerebrovascular accident with left hemiplegia, hypertension, urinary retention, significant depression, hypothyroidism, comorbidities, diabetes mellitus type II, coronary artery disease, congestive heart failure, diastolic dysfunction, pyelonephritis, hyperlipidemia, mild cognitive impairment, early dementia, new stroke - left thalamus, leg ulcers, Clostridium difficile, and profound vitamin D deficiency.</p> <p>Recapitulated physician orders for April, 2011 included, but were not limited to the following:</p> <p>If no bowel movement in 2 days give prune juice. Original order date - 2/15/10 Milk of Magnesia suspension: give 30 milliliters (ml) orally for no bowel movement for 3 days - document results. Original order date 2/15/11. Dulcolax suppository 10 milligrams (mg): Insert 1 suppository rectally if no bowel movement in 4 days - document results. Original order date - 2/15/11 Fleet Enema: give 1 enema rectally once a</p>						

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	<p>day as needed for constipation. Original order date - 3/10/11</p> <p>Colace 100 mg capsule: give 1 capsule orally 2 times a day. Original order date - 3/10/11</p> <p>Colace 100 mg capsule: give 1 capsule by mouth at bedtime as needed for constipation. Original order date - 3/10/11</p> <p>A facility document titled, "Change in Condition Form," dated 3/9/11 and provided on 4/28/11 at 10:30 a.m. by the Director of Health Services, included, but was not limited to, the following:</p> <p>"...Condition change that prompted request for physician order...constipation...physician response...Colace 100 mg po (by mouth) BID (two times a day)...Fleets enema prn (as needed)..."</p> <p>The following was observed on 4/28/11 at 3:55 p.m.:</p> <p>Resident # 79 was rolled to his side, while in bed, by the Director of Health Services. She lowered his briefs and an area on his coccyx was observed to be healing and had medicated cream covering the area. A small amount of soft brown stool was present in his briefs at the time of the observation.</p>						

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	<p>A facility document, titled "CORP - Resident BM (bowel movement) Description Chart, with a date range of 3/28/2011 through 4/28/2011, was provided by the Director of Health Services on 4/28/11 at 10:30 a.m., and included, but was not limited to, the following dates regarding bowel movements for Resident # 79:</p> <p>1 bowel movement on 3/29/11 and then no recorded bowel movements until 4/4/2011 (6 day span)</p> <p>1 bowel movement on 4/5/11 and then no recorded bowel movement until 4/9/2011 (4 day span)</p> <p>4 bowel movements on 4/9/11 and then no recorded bowel movement until 4/16/11 (7 day span)</p> <p>The Medication Administration Record for March, 2011 indicated that no prune juice, Milk of Magnesia, or Dulcolax suppositories, as ordered per the bowel protocol, were administered to Resident # 79 during the month of March. The MAR also indicated that no PRN (as needed) doses of Colace or Fleet enemas were administered.</p> <p>The Medication Administration Record for April, 2011 indicated that no prune juice or Dulcolax suppositories, as ordered per the bowel protocol, and no</p>						

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	<p>PRN doses of Colace were administered for the month of March. One PRN dose of Milk of Magnesia was administered on 4/17/11.</p> <p>During review of the Resident BM Description Chart and the two Medication Administration Records for Resident # 79 on 4/28/11 at 1:20 p.m., with LPN # 2, the nurse indicated there were 3 episodes where the bowel protocol was not implemented.</p> <p>4. The clinical record for Resident # 41 was reviewed on 4/28/11 at 5:07 p.m.</p> <p>Diagnoses included, but were not limited to, dementia, anxiety, chronic kidney diseased, hip fracture, dysphagia, right tibia fracture, atrial fibrillation, esophageal reflux, hypertension, and anemia.</p> <p>Admission orders, dated 4/8/11, included, but were not limited to, the following:</p> <p>Docusate (Colace) 200 mg po (by mouth) qd (every day) - stool softener Milk of Magnesia 30 ml qhs (at hour of sleep) prn (as needed) - constipation If no bowel movement in 2 days give prune juice and document results. If no bowel movement on 3rd day give 30 cc Milk of Magnesia and document</p>						

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	<p>results</p> <p>If no bowel movement on 4th day give Dulcolax suppositories 10 mg via rectum and document results</p> <p>During an interview with RN # 1 and LPN # 2, on 4/28/11 at 6:16 p.m., RN # 1 indicated he received a physician order on 4/13/11 to rewrite the admission orders from 4/8/11, which included, but were not limited to, the following:</p> <p>Colace 100 mg, 2 tablets po (by mouth) qd (every day) - constipation Milk of Magnesia 30 cc po HS (hour of sleep) prn (as needed) - constipation</p> <p>A facility document, titled "CORP - Resident BM (bowel movement) Description Chart, with a date range of 3/28/2011 through 4/28/2011, was provided by the Director of Health Services on 4/28/11 at 10:30 a.m., and included, but was not limited to, the following dates regarding bowel movements for Resident # 41:</p> <p>1 bowel movement on 4/14/2011 and then no recorded bowel movement until 4/17/11 (3 day span) 2 bowel movements on 4/17/11 and then no recorded bowel movement until 4/22/11 (5 day span) 1 bowel movement on 4/22/11 and then</p>						

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	<p>no recorded bowel movement until 4/28/11 (6 day span)</p> <p>The Medication Administration Record, dated 4/8/11 through 4/12/11, indicated no prune juice, Milk of Magnesia, or Dulcolax suppositories were administered to Resident # 41.</p> <p>The Medication Administration Record, dated 4/13/11 through 4/28/11, indicated no Milk of Magnesia was administered to Resident # 41.</p> <p>During an interview with LPN # 2, on 4/28/11 at 6:55 p.m., she indicated the physician had been notified and she had received an order clarification that the usual standing bowel protocol orders were not necessary since there was a physician order in place, dated 4/13/11, for Milk of Magnesia. She indicated she was not sure why no Milk of Magnesia had been given to Resident # 41.</p> <p>3.1-37(a)</p>						

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F0425 SS=D	<p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and observation, the facility failed to ensure residents with diabetes received insulin that had not expired by the manufacturer's recommended expiration date once an insulin vial had been opened. This affected 2 of the 6 residents who reside on the 200 hallway. (Residents #31 and #79)</p> <p>Findings included.</p> <p>A facility policy with the date of 2/1/2011, provided by the Director of Health Services on 4/28/2011 at 2:15 p.m., titled, "Vials and Ampules of Injectable Medications," stated, "Vials and ampules of injectable medications are used in</p>			F0425	<p>#1 Corrective actions accomplished for those residents found to have been affected by the alleged deficient practice: Resident #31 and #79 - expired insulin was destroyed and new insulin vials were re-ordered and received.#2 Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:All opened insulin vials will be inspected to ensure they are not expired by the manufacturer's recommended expiration date.If any insulin vials are noted to be expired, they will be destroyed and new insulin vials will be re-ordered.#3 Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur:Licensed</p>		05/28/2011

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	<p>accordance with the manufacturer's recommendations."</p> <p>The manufacturer's recommendation for Novolog insulin 10 milliliters, 100 units/milliliter indicated not to use the insulin pass 28 days at room temperature.</p> <p>The manufacturer's recommendation for Lantus insulin 10 milliliters, 100 units/milliliter indicated not to use the insulin pass 28 days at room temperature.</p> <p>During the medication cart inspection on the 200 hallway on 4/28/2011 at 9:15 a.m., with LPN # 5, two insulin vials were found to be expired according to the manufacturer's recommended expiration dates.</p> <p>A vial of Novolog 10 milliliter, 100 units/milliliter had the open date of 3/25/2011 written on it. This vial had Resident #31's name on it. There was no other Novolog insulin vial with Resident #31's name on it. The Medication Administration Record for Resident #31 indicated she had received a dose of Novolog 100 units/milliliter insulin on 4/27/2011.</p> <p>A vial of Lantus 10 milliliter, 100 units/milliliter had the open date of 3/25/2011 written on it. This vial had</p>				<p>nurses will be inserviced on the campus guideline for Vials and Ampules of Injectable Medications (Exhibit E)#4 How the corrective measure will be monitored to ensure the alleged deficient practice does not recur: The DHS or designee will conduct an audit of 5 open insulin vials per week to ensure the vials are not expired by the manufacturer's recommended expiration date. The audits (Exhibit F) will be conducted for 4 weeks to ensure compliance, then conducted randomly and reported through the campus Quality Assurance Committee.</p>		

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F9999	<p>Resident #79's name on it. There was no other Lantus insulin vial with Resident #79's name on it. The Medication Administration Record for Resident #79 indicated he had received a dose of Lantus 100 units/milliliter insulin on 4/27/2011.</p> <p>Both the Lantus insulin and Novolog insulin had been opened for 34 days, indicating the insulin had been expired for 6 days.</p> <p>3.1-25(o)</p> <p>3.1-38 ACTIVITIES OF DAILY LIVING</p> <p>(b)(2) Each resident shall be bathed or assisted to bathe as frequently as is necessary, but at least twice weekly.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a resident received two showers or complete baths per week. This affected 1 out of 12 residents reviewed for showers or complete baths per week in the sample of 14. (Resident #7)</p>			F9999	<p>#1 Corrective actions accomplished for those residents found to have been affected by the alleged deficient practice: Resident #7 is being offered 2 showers or complete baths per week. #2 Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All the residents have the potential to be affected by this alleged deficient practice. #3 Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: Nursing staff will be inserviced on the regulation that each resident is to be offered at</p>		05/28/2011

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	<p>Findings Include</p> <p>1. Resident #7's record was reviewed on 4/28/2011 at 10:25 a.m.</p> <p>Diagnoses for Resident #7 included, but were not limited to acute renal failure, coronary artery disease, cerebrovascular accident, gastrointestinal bleed, diabetes mellitus, encephalopathy, and anemia.</p> <p>Resident #7's care plan, dated 8/31/2010, was provided by the Director of Health Services RN on 4/28/2011 at 12:10 p.m., indicated the resident, "Needs assistance or is dependent in ...bathing."</p> <p>The shower sheet for Resident #7 indicated she received only one bath or shower a week from March 1, 2011 through April 28, 2011 except for the week starting on Sunday, March 20, 2011 through Saturday, March 26, 2011 were the resident received no shower or bath the entire week.</p> <p>During an interview with the resident on 4/28/2011 at 4:10 p.m., the resident indicated she did not know she could receive two full baths a week.</p> <p>During an interview with the Director of Health Services in regards to the bathing/shower records for Resident #7,</p>				<p>least 2 showers or complete baths per week. (Exhibit G)#4</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The DHS or designee will conduct an audit of 5 residents per week to ensure there is documentation to support that the resident was offered at least 2 showers or complete baths per week. The audits (Exhibit H) will be conducted weekly for 4 weeks to ensure compliance, then conducted randomly and reported through the campus Quality Assurance Committee.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>she indicated that the shower days for Resident #7 were on Thursdays and Sundays. She could not explain why there was no shower/bathing records for the resident on Sundays.</p> <p>Further information was requested from the facility on 4/28/2011 at 4:50 p.m., in regards to documentation of the Resident #7 refusing her baths or showers</p> <p>No further information was provided by the facility in regards to documentation of Resident #7 refusing her baths or showers during the exit conference on 4/28/2011 at 8:30 p.m.</p> <p>3.1-38(b)(2)</p>						